

WRITE PLAINLY WITH UNFADING INK—THIS IS  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each,  
in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Bunkelman

or

City of Hayden

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Ernest Smith

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes

7. Date of birth Feb 9 1926  
Month day year

5. No., in order of birth \_\_\_\_\_

8. FATHER

Full name Charlie Smith

14. MOTHER

Full maiden name Carmen Miranda

9. Residence

(Usual place of abode) Bunkelman

If nonresident, give place and state

15. Residence

(Usual place of abode) Bunkelman

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 36 (Years)

16. Color or race Mexican

17. Age at last birthday 31 (Years)

12. Birthplace (city or place)

(State or country) Tucson Arizona

18. Birthplace (city or place)

(State or country) Yuma Arizona

13. Occupation

Nature of industry Laborer

19. Occupation

Nature of industry House Wife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 9  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 am. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Charles B. Smith, M.D.

Address Hayden, Arizona

(Physician or midwife)

Given name added from  
supplemental report

Month, day, year.

Filed March 26 1926

Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

528-209-341